



Forebay Aquatic Center

Medical History Form

The purpose of this form is to provide camp staff with information regarding your child's/participant's current health status. This form is required for treatment if the child/participant should become ill or injured while involved in a FAC Youth Summer Aquatic Camp program.

GENERAL INFORMATION

Name of Child/Participant:	Age/Date of Birth:	Gender (M/F):
Name of Parent:	Home Phone #:	Cell Phone #:
Home Street Address:	City, State:	Zip Code:
Emergency Contact: Relationship:	Home Phone #:	Cell Phone #:
Physician's Name:	Phone #:	

ALLERGIES

Please list all allergies to medications, food, insect bites/stings, animals, plants, other, etc. Include the type of reaction and severity and recommended treatment. Please use additional pages if necessary.

Allergy	Reaction/Severity	Recommended Treatment

1. Does your child/participant suffer from Anaphylaxis? Yes No

** Anaphylaxis is a severe allergic reaction marked by swelling of the throat, hives and trouble breathing.*

2. Does your child/participant require an EpiPen? Yes No

3. Does your child/participant require an inhaler? Yes No



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MEDICAL CONDITIONS

Please document any current medical conditions, chronic illness or other health concern that would be needed to assist the staff or medical personnel in an emergency situation. Include any restrictions on activities.

Medical Condition	Effects/Restrictions/Precautions/Limitations

MEDICATIONS

List any medications your child/participant currently takes; include the dosage schedule and any specific instructions for use. Also, please indicate (Yes/No) if the minor child/participant is allowed to take their medication on their own or if it should be monitored by a camp counselor. This also includes any type of birth control.

Medication	Dose schedule	Specific Instructions	Self-Medicate (Yes/No)

**** Be sure to bring enough medication in sufficient quantities and in the original containers labeled with the child/participant's name and doctor's contact information. Make sure they are not expired, including inhalers and EpiPens.***



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Parent/Guardian Authorization: This health history is correct and complete as far as I know. I agree to notify the Forebay Aquatic Center Youth Camp Coordinator if any change occurs in my child's medical condition before arriving at camp. The person herein described has permission to engage in all camp activities except as noted above. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release the Forebay Aquatic Center and its staff from any and all liability for any injury or illness incurred at camp. Final permission is given to use any pictures and video footage of the above mentioned minor for promotional purposes.

Signature of Parent/Guardian

Printed Name

Date